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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 101914511		
CLAIMS AS FILED - PART I (Cotumn 1) (Column 2)							SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMB	NUMBER EXTRA		RATE	FEE		RATE	FEE	
	IC FEE CFR 1.16(a))							. 363	OR		\$
101	AL CLAIMS CFR 1.16(c))	12	minus 20			x s=		QR.	x \$=		
INDI	PENDENT CLAB FR 1.16(b))	ws /	minus 3				x \$=		OR	x s=	
MURTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+8 =		OR	+1 =	
" If the difference in column 1 is less than zero, enter "O" in column 2.						•	TOTAL	385-	OR	TOTAL	
, CLAIMS AS AMENDED - PART II											
OTHER TH											
Ц	12/00	(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	1	SMALL	ENTITY
NT A		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total (37 CFR 1.18(d))	10	Minus	- 20	=		x s=		OR	x \$=	
ENDMENT	Independent (37 CFR 1.16(b))	• /	Minus	· 3	=		x s=		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+1 =		OR	+5 =	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
NT B		CLAIMS REMAINING AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	'	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	9	Minus	- 20	0		x	/	OR	x s=	
	independent (37 CFR 1.16(b))	. /	Minus	-3	1		x *		OR	x s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+; /2		OR	+5=	
							TOTAL ADD'Y FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)						_				_	
NT C		CLAIMS REMAINING AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	•	Minus	**			x \$=		OR	x \$ ¤	
EN	Independent (37 CFR 1.18(b))	•	Minus	***	=		x \$=		OR	х s =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					Ì	+ 5 =		OR	+ 5=	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon this individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burner, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.